



PARTNERSHIP FOR ADVANCING COMMUNITY-BASED SERVICES(PACS)

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The Partnership for Advancing Community Based Services (PACS) works to strengthen the delivery of high quality community health and social welfare services by providing technical and operational support to the Ministries of Health (MOH), Public Works, and Gender, Child, and Social Protection, as well as to civil society organizations (CSO). PACS supports interventions across four strategic objectives:

- Broadened capacity of MOH, CHTs, Non-Governmental Organizations and CSOs to implement and manage community services;
- Increased availability of sustainable and quality community-based health services;
- Increased demand for and provision of community health and social (child) welfare services; and
- Improved access to safe water supply and sanitation at the community level.

In Liberia's post-Ebola context, which focuses on building resilient community health systems and services, PACS expanded its work to three (3) additional counties to:

- Ensure rapid restoration of high quality community-based health and social welfare services, including integrated Community Case Management (iCCM) of childhood illnesses;

- Build community trust in health services, with special attention to border communities and other vulnerable (hard to reach) communities;
- Strengthen community-level social mobilization and Water, Sanitation and Hygiene (WASH) structures

CURRENT ACTIVITIES

- Supporting the MOH to implement its revised Community Health Services Policy and Strategic Plan
- Supporting the implementation of the National Community Health Assistants (CHA) program
- Supporting MOH social mobilization efforts in order to build trust and promote the utilization of essential services at health facilities and in communities
- Building the capacity of indigenous CSOs to design, implement, and manage quality community-based programs
- Facilitating community level linkages between health and WASH structures to function in a more cohesive, integrated manner across result areas

KEY ACCOMPLISHMENTS

- Supported the MOH to develop a national curriculum for Community Health Assistants (CHAs) and Community Health Services Supervisors (CHSS)
- Standardized training, monitoring and reporting tools to conduct quality assurance activities were developed by the MOH with support from PACS.
- Providing technical assistance at the county level to strengthen the community-level supply chain and health information systems
- 1,199 communities in the six counties were declared Open Defecation free; 815 (68%) retained this status for one year, and therefore, were certified by the National Technical Coordinating Unit.
- 90 wells were constructed and continue to be operational, serving approximately 22,500 individuals.
- Organizational capacity assessments of key MOH Divisions (Community Health Services (CHS), National Health Promotion (NHP), and Environmental Health Divisions were completed.
- Performance Improvement Plans for these three divisions were developed.
- 99 Community Health Services Supervisors and 672 CHAs were recruited and trained.
- A portfolio of Behavior Change Communications tools that addresses a range of different health priorities including maternal and child health, malaria prevention and treatment was developed.
- Data collection tools for the Community-Based Information System were developed with PACS technical assistance.

- Sub-grants were awarded to nine local CSOs in the six counties to support their engagement with the MOH to i) ensure strong linkages and coordination between CHTs, District Health Teams, and communities; ii) stimulate community awareness; and iii) create demand for the use of health services.
- The Education Through Listening (ETL) approach to interpersonal communications for health promotion has been integrated into the CHA training Curriculum.
- The National Health Communication Strategy was developed and validated and 595 CHVs were trained in Education Through Listening Behaviour Change Communication.

PLANNED OUTCOMES

- Greater capacity of government and CSOs to implement and manage community services
- Increased availability of community-based health services
- Improved health-seeking behavior and practices
- Improved access to safe water, sanitation, and hygiene